PART B - FEE(S) TRANSMITTAL

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or Fax (571)-273-2885

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
28264 7590 644682009 BOND, SCHOENECK & KING, PLLC ONE LINCOLN CENTER SYRACUSE, NY 13202-1355						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE; address above, or being facsimile transmitted to the USPIO (517) 127-22885, on the date indicated before the USPIO (517) 127-22885.				
									(Depositor's name)	
									(Signature)	
					L				(Date)	
APPLICATION NO.). FILING DATE		FIRST NAMED INVEN			R AT		RNEY DOCKET NO.	CONFIRMATION NO.	
10/776,836	10/776,836 02/11/2004		Joseph El-Hindi					131P008 3016		
TITLE OF INVENTION										
APPLN, TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE I	OUE	PREV. PAID ISSUE FEI		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES		\$755	5 \$300		\$0		\$1055	07/08/2009	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
KIM, SUN U			1797 210-236000							
I. Change of correspondence address or indication of "Fee Address" (ST CFR 1.853). Change of correspondence address (or Change of Correspondence Address form FTO/SH 22) attached. J Fee Address' indication or "Fee Address' Indication form FTO/SH4T; Rev 03-92 or more recent) attached. Use of a Canstone Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O				2 For printing on the patient front page, list (1) the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patient attorneys or agent. If no name is listed, no name will be patient. THE PATEET (front or type) data will appear on the patient. If an assignce is identified below, the document has been filed for ITS ausbistiative for filing an assignment.						
recordation as set forth (A) NAME OF ASSIC		oletion o	f this form is NO						realization and been the real	
FILTERTECH IN		(B) RESIDENCE: (C Manlius, Nev			OUNT	KY)				
Please check the appropri		categor	ies (will not be pr		_		rporati	on or other private gro	up entity Government	
4a. The following fee(s) a ☑ Issue Fee ☑ Publication Fee (N ☐ Advance Order - #	d)	#b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by reduit earl. Form PTO-2038 is attached. The Director is hereby suthorized to charge the gangined fee(s), any deficiency, or credit any overpayment, to Deposid Account Number 2,015-46 (enclose an extra copy of this form).								
	s SMALL ENTITY state	ıs. See 3	7 CFR 1.27.					TTY status. See 37 CI		
interest as shown by the r	d Publication Fee (if req records of the United Sta	uired) w ites Patei	ill not be accepted nt and Trademark	d from anyone other to Office.	han ti	ne applicant; a regi	stered a	ttorney or agent; or th	e assignee or other party in	
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.